



Quality Review of Services

Children's Mental Health Bureau/DPHHS
and Magellan Medicaid Administration



Agenda

- **Introductions**
 - Role of Montana Medicaid Children's Mental Health Bureau (CMHB)
 - Role of Magellan Medicaid Administration (MMA)
- **What is a Quality Review of Services?**
 - Retrospective Review
 - Quality Audit Review (QAR)
 - Service Review (SR)
 - Inspection of Care (IOC)
- **Discussion**

- CMHB is responsible for designing, developing, managing, paying for and evaluating mental health services for youth enrolled in Healthy Montana Kids plus (Medicaid).
- The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires all agencies serving a Medicaid population and receiving Medicaid funds to have a utilization management program in place to monitor a beneficiary's need for a service before payment for the intended service is authorized.
- The purpose of utilization management is to ensure requested services are needed and appropriate to each individual's symptoms according to established medical necessity criteria or clinical management guidelines.
- CMHB's goal is to support the most effective therapeutic treatment at the most appropriate level of care that meet the youth's needs.

- MMA provides services for the Children Mental Health Bureau's Medicaid mental health utilization management program.



What is a Quality Review?

- **A tool used by CMHB to review the need for and quality of services received by youth/families enrolled in Montana Medicaid.**
 - Adherence to 42 CFR 456
 - Adherence to Administrative Rule of Montana (ARM) 37.85.414
- **A means of collecting information to:**
 - identify provider training needs
 - identify population service needs
 - identify need for policy clarification and change
 - identify programmatic needs
 - identify issues of provider compliance with CMHB clinical guidelines and policies
 - validate documented care against billed services

What are Quality Review Services

- Quality Review Services include:
 - **Inspections of Care (IOC)**
 - Onsite Medical Record (chart) and Service Review
 - **Quality Audit Reviews (QAR)**
 - Onsite Medical Record (chart) and Service Review
 - Service Review (SR) is an onsite practice QAR
 - **Retrospective Reviews**
 - Offsite Medical Record (chart) Review

Inspection of Care (cont.)

- Required by Title 42 CFR 456 (Utilization Control) Subpart I -Inspections of Care in Intermediate Care Facilities and Institutions for Mental Diseases (IMD)
- Conducted at the IMD or Psychiatric Residential Treatment Facility (PRTF) location
- PRTFs and youth determined by CMHB
- IOC team consists of a psychiatrist, a registered nurse, one or two licensed clinicians from MMA and one CMHB clinical program staff

The IOC

- Is
 - An audit for compliance with medical necessity criteria
 - An audit for adherence to Medicaid policy
 - An audit for adequate documentation
 - An audit for quality assurance practices
- Is not
 - A licensing, certification, accreditation or other inspection
 - An inspection for provider eligibility

Inspection of Care Process (cont.)

- **Before the IOC visit**

- At least 48 hours before the visit, PRTF receives a letter notifying the facility of the upcoming IOC date with a list of youth medical records to be reviewed and a description of the visit process.
- PRTF secures a meeting room for the entire day to be available for IOC team
- PRTF identifies staff to be available to IOC team for assistance with records and to answer questions
- PRTF gathers youth records identified
- PRTF ensures that youth are available for an interview with the IOC psychiatrist

Inspection of Care Process (cont.)

- **IOC Visit - Sample Schedule**

- 8:30 – 9:30 Entrance meeting with facility staff
- 9:30 – 10:00 Facility tour
- 9:30 – 12:00 Physician file reviews
- 10:00 – 12:00 Other IOC team member file reviews
- 12:00 – 1:00 Lunch
- 1:00 – 3:00 Physician youth interviews
- 1:00 – 3:00 Other IOC team member file reviews
- 3:00 – 4:00 IOC team discussion
- 4:00 – 5:00 Exit meeting with facility management and clinical staff

- **During the Inspection of Care Exit Interview**
 - IOC team members review their findings from the medical record reviews and youth interviews with PRTF staff. A plan of correction is not required from the PRTF unless State and Federal PRTF requirements are not being met.
 - IOC team members discuss specific youth cases with PRTF staff and ask for clarification from the youth's treatment staff regarding IOC team proposed de-certification recommendations.

- **After the IOC**

- MMA IOC team leader compiles IOC team members documentation from the visit and completes a report of the IOC findings. If the report includes recommendations for improvement, the recommendations will be based on specific findings from the medical record review or staff or youth interviews.
- The report is reviewed and edited by CMHB.
- A letter is sent to the PRTF notifying them of the IOC results regarding recommended youth de-certifications along with the IOC findings report, within 30 days of completing the IOC site visit.

Quality Audit Review

- Providers to receive QARs are determined by CMHB
- **QAR team includes but is not limited to:**
 - MMA Regional Care Coordinator
 - CMHB Medicaid Program Manager
 - CMHB Regional Manager
- **The focus of a QAR is to:**
 - Ensure safe and effective care is provided to youth.
 - Provide a consultative approach to obtain information about program administration at a provider level and identify educational opportunities.

Quality Audit Review (cont.)

- Review compliance with CMHB clinical management guidelines. The QAR team may recommend the next authorization request be deferred to the physician reviewer if continued authorization is requested.
- Review compliance with CMHB administrative rules governing the service. Recommendations for improvement will be included in the final report. Significant rule infractions could result in the recovery of Medicaid funds. The Department's due process for recovering Medicaid funds will be followed, with appropriate provider notification.

Quality Audit Review Process (cont.)

- **Before the Quality Audit Review**

- At least five business days before the visit, provider receives a notification letter with the upcoming QAR date and an explanation of the process
- Provider ensures a private space will be available to the QAR team
- Provider ensures facility/program staff are available to assist QAR team
- Provider ensures that all current youth charts are available for review

Quality Audit Review Process (cont.)

- **Day of the QAR:**
 - QAR team meets with provider staff to review QAR process and schedule
 - Facility tour
 - Chart reviews
 - Lunch
 - Chart reviews
 - QAR team discussion
 - Interview with family member, youth, or stakeholder
 - Exit meeting with provider staff and management

Quality Audit Review Process (cont.)

- **After the QAR:**
 - MMA QAR team leader compiles QAR team member documentation and prepares a report of findings specific to the facility or program.
 - Report is reviewed and edited by CMHB
 - Letter is sent to provider notifying them of QAR results along with a copy of the QAR findings report

Service Reviews

- SRs are practice QARs
- The purpose of a SR is for CMHB to understand how services are being provided and what is working or not working well.
- Allows the provider and stakeholders to make recommendations for changes to administrative rules and policy.
- CMHB selects the service and providers to receive a SR.
- Youth charts/records reviewed during the SR are selected by the provider
- Youth, parent/guardian, other stakeholders to be interviewed are selected by the provider
- Provider training needs may be identified during the SR

Retrospective Review

- Service providers, youth and time frame determined by CMHB
- Parameters of the retrospective review criteria are determined by CMHB
- A chart review is conducted offsite

Retrospective Review Process (cont.)

- The provider receives a letter from MMA requesting medical records (or partial records) for identified youth for a specified period of time, based on paid Medicaid claims.
- Provider copies and sends requested documentation to MMA within 30 days of letter date.
- MMA uses a review tool to review charts for criteria specified by CMHB, for example “clinical assessment supports youth has a serious emotional disturbance”, or “all clinical management guidelines are met and documented in the youth’s chart”.
- A clinical reviewer may approve the chart meets the criteria specified by CMHB. Only a physician reviewer can deny the chart meets criteria.

Retrospective Review Process (cont.)

- For example, a clinical reviewer will determine whether the documentation in the youth's chart meets the clinical management guidelines or medical necessity criteria.
- If the reviewer is unable to approve the chart meets criteria, the reviewer will document the concerns and defer the approval decision to the physician reviewer. The physician reviewer will either approve or deny the chart meets criteria.
- The determination of the clinical or physician reviewer is documented.

Retrospective Review Process (cont.)

- Determination letters are sent to the provider for all youth records reviewed.
- Copies of the records, the completed review tools, and the determination letters are sent to CMHB.
- CMHB may recover Medicaid funds that do not meet the criteria of the retrospective review. The Department's due process for recovering Medicaid funds will be followed, with appropriate provider notification.

Quality Review of Services Summary

- CMHB has contracted with MMA to provide leadership in conducting all of the reviews discussed in this training on a continual basis.
- Each contract year a specific number of each type of review is budgeted for.
- Specific reviews of each type are scheduled through the 12 month period up to the number agreed upon.
- In state and out-of-state IOCs will be conducted every year.
- Only some services receive QARs, SRs, or Retro Reviews each year.
- CMHB may indicate which services are prioritized for which type of review, but specific providers will not be notified of their review, when applicable, until shortly before the review is scheduled.